



The Maryland Department of Health and Mental Hygiene

ENROLLMENT FORM

ANNUAL RIGHT TO CHANGE FORM

Enroll by completing this form and the Health Service Needs Form and mailing them as soon as possible in the enclosed postage paid envelope to *HealthChoice*, P.O. Box 17008, Baltimore, MD 21203-7008.

Or enroll by calling the *HealthChoice* toll free number at **1-800-977-7388**. Before you call have all medical assistance numbers and your answers to the Health Service Needs questions ready.

To enroll by mail, complete the following information for yourself as the Head of Household and each eligible family member.

1. Information about you and family members	Head of Household	Family Member 1	Family Member 2	Family Member 3**
Please write in names				
Please write in Social Security Numbers				
Please write in Medical Assistance Numbers				
Please write in dates of birth				
2. Information about your choices				
Doctor or clinic choice				
Doctor or clinic address				
MCO choice				
3. Information about other health insurance				
Do you or any family member have any other health insurance coverage or Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name of the insurance company?				
4. Language information	6. Emergency Contact			
Primary language in the home (circle one) English French Spanish Other	First Name: _____ Last Name: _____			
	Address: _____			
5. DSS Caseworker information	City: _____ State: _____ Zip Code: _____			
First Name: _____ Last Name: _____	Phone Number: (____) _____ - _____ Relationship: _____			
Office: _____ Phone Number: (____) _____ - _____				

If you have a new address or phone number, please write it below.

Signature

My signature says I have read and understand the Statement of Understanding on the back of this form.

Date

** If you need additional space for extra family members, please call the *HealthChoice* Enrollment Line at 1-800-977-7388

White Copy: Return to *HealthChoice*
Pink Copy: Keep for your records